



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Yamane,	Michael	V.	808-246-8208
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite			808-246-8268
(City)	(State)	(Zip Code)	
Lihue,	HI	96766	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

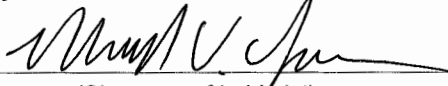
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LBBY FOR (Do not abbreviate)			TELEPHONE
Kauai Island Utility Cooperative			808-246-4300
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite 1			808-246-8268
(City)	(State)	(Zip Code)	
Lihue,	HI	96799	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael V. Yamane			808-246-8208
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite 1			808-246-8268
(City)	(State)	(Zip Code)	
Lihue,	HI	96766	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

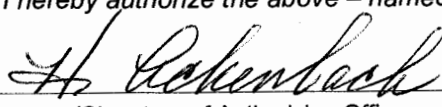
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/6/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME H. A. Achenbach		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO	
NAME OF ORGANIZATION (If applicable) Kauai Island Utility Cooperative		TELEPHONE 808-246-4389	
MAILING ADDRESS (Street) 4463 Pahee Street, Suite 1		FAX 808-246-8257	
(City) Lihue,	(State) HI	(Zip Code) 96766	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		1-6-05 (Date)	